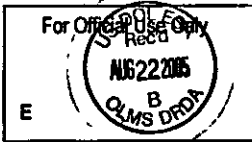


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10885</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Richard</u> <u>Laqueve</u> P O Box, Bldg, Room No, if any _____ Street <u>2240 Yang St.</u> City <u>Honolulu</u> State <u>HI</u> ZIP Code + 4 <u>96826</u>	4 Name, file number, and address of labor organization Name <u>District Council 60, IUPAT</u> Labor Organization File Number <u>542191</u> P O Box, Building and Room Number, if any _____ Street <u>2240 Yang St</u> City <u>Honolulu,</u> State <u>HI</u> ZIP Code + 4 <u>96826</u>
5 Position in labor organization _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>N/A</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

*The transactions, dealings and interests that are detailed in the attached FORM LM-30 represent my good faith effort to recall the reputable occurrences for the period Jan 1, 2004 - Dec 31, 2004. Accurate records of reputable occurrences were not kept for the 2004 fiscal year, and some of many items may have been unintentionally omitted. If in the future, it came to my attention that there exists a transaction, dealing or interest that should have been reported for the period Jan 1, 2004 - Dec 31, 2004, I will file an amended LM-30.*

Signed Richard Laqueve On 01/15/05 Date (08) 941-079 Telephone Number \_\_\_\_\_

Name of Person Filing	Richard Jacore	File Number U-
-----------------------	----------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name SEE ATTACHED

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name.

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name N/A

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment



#8 - Gabaziers Glassworkers Local 1889

Honolulu, HI 96817

#9 - Trust

#10 - Same as #8

Approximat

Date	11a) Nature of such dealing	11b) Approximate dollar value
5/6/2004	Scholarship golf fundfair	\$75.00
6/14/2004	Fundraisier golf tournament	\$75.00
9/16/2004	International Zen Dojo Golf	\$75.00
10/8/2004	Ironworkers Scholarship Fundraiser	\$75.00
10/10/2004	Frank De Lima Scholarship Golf	\$75.00
9/24/2004	Hawaii Athletic Club Fundraiser	\$75.00
6/27/2004	WITS-ACF Golf Fundraiser	\$75.00

#8 Boston Partners  
900 Fort Street  
Honolulu, HI 96813

#9 - Employee

#10 - Same as #8

Approximate

Date

(a) Nature of such dealing (b) Approximate dollar value

3/12/04

Boston Partners Invitational Golf

\$75.00

6/30/04

PR Gifts

\$1,300.00